

HEADQUARTERS
UNITED STATES EUROPEAN COMMAND
UNIT 30400, BOX 1000
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HEALTH SERVICE SUPPORT

MEDICAL SURVEILLANCE POLICIES AND PROCEDURES

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1. **Summary.** This publication establishes policies and procedures for conducting Medical Surveillance Programs for forces deployed within the United States European Command (USEUCOM). These procedures encompass medical activities designed to provide force medical protection during all phases of deployment, ranging from activities conducted prior to deployment, during deployment, and redeployment. The guidance is based upon guidelines established by the Office of the Assistant Secretary of Defense - Health Affairs (OASD-HA).
 2. **Applicability.** USEUCOM Directive 67-9 is a publication which establishes policy, assigns responsibilities, and prescribes procedures for the establishment of medical surveillance programs for Headquarters, USEUCOM and component commands.
 3. **Internal Control Systems.** This Directive contains no internal control provisions and is subject to the requirements of the internal management control program. For HQ USEUCOM and subordinate joint activities, the applicable internal control directive is ED 50-8, Internal Management Control Program.
 4. **Suggested Improvements.** The proponent for this Directive is the Command Surgeon. Suggested improvements should be forwarded to HQ USEUCOM/ECMD, Unit 30400, Box 1000, APO AE 09128.
 5. **Explanation of Terms.**
 - a. For purposes of this directive, deployments that require a comprehensive surveillance program include military actions, peacekeeping missions, refugee care/humanitarian assistance, or other missions that are expected to place troops outside the catchment area of a fixed U.S. Medical Treatment Facility (MTF) more than 30 days. This Directive does not include routine naval deployments.
 - b. For purposes of this directive, medical surveillance is defined as medical activities designed to monitor the health of deployed forces and timely intervention when necessary. It is the ongoing, systematic collection, analysis and interpretation of health data and evaluation of public health practice. It includes activities conducted prior to deployment, during deployment and redeployment.
 6. **References.**

- a. DoD Directive 6490.2, "Joint Medical Surveillance", 30 Aug 97
- b. DoD Instruction 6490.2, Implementation and Application of Joint Medical Surveillance for Deployments, 7 Aug 97
- c. Joint Staff Memorandum J-4A 00106-93, "Medical Surveillance Report", 28 Jan 93
- d. USCINCEUR Operations Order 98-01, Antiterrorism/Force Protection, 21 Feb 98, (FOUO)
- e. ED 67-1, Medical Services, 26 Jun 97
- f. USAREUR Regulation on Medical Surveillance, 15 Jan 98.
- g. ERMIC Regulation 40-13, Medical Services, Pre & Post Deployment Screening, 10 Nov 97.

7. **Responsibilities.**

a. **Commander in Chief, Europe (USCINCEUR).**

(1) Direct and coordinate component activity for the development of a surveillance program under guidance supplied by the Joint Staff and OASD-HA.

(2) Provide guidance for component commands on the applicability of specific elements of their surveillance programs.

(3) Monitor component compliance with all reporting requirements.

(4) Ensure surveillance programs extend to all deployed DOD personnel to include active duty military, reserve/guard components, and DOD civilians.

(5) Determine if component commands are required to institute pre- or post-deployment medical screening for pre-identified or suspected exposures to significant environmental, disease, or other medical threats for time periods less than 30 days.

(6) Delineate responsibility for forwarding required blood samples, medical screening records, and medical surveillance databases for long-term storage and analysis.

b. **Commanding General, United States Army Europe (CGUSAREUR); Commander in Chief, United States Naval Forces, Europe (CINCUSNAVEUR); Commander, United States Air Forces in Europe (COMUSAFE), Commander, Special Operations Command Europe (COMSOCEUR), and Commanding General, Marine forces Europe (CGMARFOREUR) will:**

(1) Design and execute a medical surveillance system to support deployed forces as outlined in 3.a. Medical surveillance programs must be IAW applicable DoD, Unified Command, Service and Component Command directives. Service component programs must include the following elements:

- (a) Monitor environmental, occupational and epidemiological threats.
 - (b) Assess disease and non-battle injuries, stress-induced, and combat casualties including those produced by weapons of mass destruction.
 - (c) Reinforce command directed and individual preventive countermeasures and the provision of optimal medical care before, during and after deployment.
 - (d) Establish a communications network to keep force providing commanders informed before, during and after deployment of health threats, risks, and available countermeasures.
- (2) Publish regulations regarding the specific policies and procedures for their respective components to ensure that the required pre- and post-deployment screening programs and disease, non-battle injury (DNBI) reports are completed.
- (3) Ensure all surveillance data collected is in a format compatible with those used by other USEUCOM component services.
- (4) Ensure that a report on surveillance analysis and findings are forwarded to the USEUCOM Surgeon's Office as well as Component Surgeon's Staffs. Coordinate with the U.S. Army Center for Health Promotion and Preventive Medicine-Europe (CHPPM-EUR) or the designated Preventive Medicine Office for the given operation to assist with analysis of surveillance data.
- (5) Verify that all surveillance records, screening samples, and DNBI databases for their component service are sent to appropriate central registries.
- (6) Components will ensure all personnel meet Service requirements for deployment, i.e. current immunizations, DNA and HIV testing, as well as medical and dental screening.

c. Joint Task Force (JTF) Commander:

- (1) Ensure that force medical protection begins at the inception of planning and initial deployment.
- (2) Ensure specifics of the pre- and post-surveillance program for the deployment are instituted in a timely manner.
- (3) Establish procedures to comply with the weekly requirement for sending comprehensive DNBI data to USEUCOM or its designee with copies furnished to all commands listed below in the procedure sections.
- (4) Ensure sufficient preventive medicine assets are deployed to the Area of Responsibility (AOR) to analyze and react to immediate disease and non-battle injury threats.

8. Procedures

a. Pre-deployment: Components will ensure the following measures are conducted for all personnel entering the AOR prior to deployment if possible, but no later than 30 days after deployment:

- (1) A medical threat brief/fact sheet
- (2) A pre-deployment medical questionnaire
- (3) A pre-deployment/preliminary psychological battery
- (4) Administration of all required vaccines and TB testing. This will include documentation in the patients record of full consent for any investigational or non-Food and Drug Administration approved usage.
- (5) Distribution of prophylactic drugs for malaria or other threats must be accomplished before any deployment and in sufficient time for the medication to be effective.

b. Deployment: The Joint Task Force Surgeon, or equivalent medical officer, will coordinate with all AOR preventive medicine and direct medical services to:

- (1) Ensure rapid institution of a DNBI monitoring system to track threats in the AOR.
- (2) Forward results of all DNBI analysis to the Component Commands, USEUCOM, and CHPPM-EUR.
- (3) Coordinate specialty consultations to respond to significant disease and medical threats. Available expertise in USEUCOM includes:
 - CHPPM-EUR for environmental studies, industrial studies, laboratory, radiation surveillance or epidemiological assistance.
 - Naval Environmental and Preventive Medicine Unit (NEPMU)-7 for environmental/ industrial studies, or epidemiological assistance.
 - 9 U.S. Army Medical Research Unit - Europe (USAMRU-E) for psychological battery assessments or stress intervention studies.
 - USAFE Environmental Health Consultants for environmental/industrial studies and radiation surveillance

c. Post-Deployment. The Joint Task Force Surgeon, or equivalent medical officer, will coordinate with USEUCOM and the Component Commands to complete the following:

- (1) A Post-Deployment Medical Risk Brief/Fact Sheet within 30 days of redeployment.

- (2) A Post-Deployment Medical Questionnaire
- (3) A Post-Deployment Psychological Battery
- (4) Collection of a Post-Deployment Serum Sample, if required, for forwarding to the Serum Repository through the European Regional Medical Command (ERMC) Laboratory.
- (5) Forwarding of pre- and post-deployment screening program summary reports and analysis of DNBI data to the USEUCOM Surgeon Office, Component Surgeons, and CHPPM-EUR.
- (6) Forces deployed to the USEUCOM AOR from supporting unified commands and USEUCOM assigned forces are required to comply with this post-deployment criteria. Clear post-deployment screening criteria should be included in the OPORD for each operation meeting the criteria in paragraph 3.a. of the directive. DODI 6490.3 directs that when post-deployment screening is not performed prior to redeployment, commanders of force providing units must ensure post-deployment screens are performed within 30 days. This data must be forwarded to the agencies listed in paragraph 7.c.(5) above.

9. **Command and Control**. As the principal medical advisor to USCINCEUR, the USEUCOM Command Surgeon will exercise coordinating authority by one of the following ways:

- a. If a JTF has been established, then coordinating authority will be exercised through the JTF Surgeon.
- b. When a JTF does not exist and is not envisioned, then coordinating authority will be exercised from USEUCOM through service component command channels.
- c. Reports will be submitted to HQ USEUCOM/ECMD, email: ecmd@hq.eucom.mil, PLAD: USCINCEUR VAIHINGEN GE//ECMD//. HQ USEUCOM will forward copies to USAMRU-E and CHPPM-EUR.

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